2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # 753245** Mar 24, 2000 8:00 am 1. Entity Name **Secretary of State** PALM SPRINGS VILLAGE CONDOMINIUM ASSOCIATION INC 03-24-2000 90122 003 ****61.25 Principal Place of Business Mailing Address 7932 WILES ROAD 7932 WILES RD CORAL SPRINGS FL 33067 CORAL SPRINGS FL 33067-2071 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2148061 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent & Roger PA Street Address (P.O. Box Number is Not Acceptable) STARK, RANDALL R <u>6261 NW 6 Way Suite 103</u> 2590 CORAL SPRINGS DR, APT #90 **CORAL SPRINGS FL 33065** City Zip Code <u>Ft. Laud</u> 33309 bmits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. 8. The above name 3/1/00 SIGNATURE Signatus (NOTE: Registered Agent signature required when reinstating) ed agent and title if applicable 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TITLE Dir-Change *Addition TITLE XX Delete **BLACKBURN, DONALD** NAME NAME Mazur, 🐪 Michael STREET ADDRESS STREET ADDRESS 2580 CORAL SPRINGS DR 7250 W Atlantic Blvd CITY-ST-ZIP CITY-ST-ZIP **CORAL SPRINGS FL** Margate, FL 33063 泽ADelete TITLE TITLE ☐ Change ★ Addition Dir-NAME SERPA, ALEJANDRO NAME Marhoffer, Michelle STREET ADDRESS 2576 CORAL SPRINGS DR STREET ADDRESS 2538 Coral Springs Drive CITY-ST-ZIP CITY-ST-ZIP **CORAL SPRINGS FL 33065** Coral-Springs, FL ☐ Addition STD ☐ Delete TITLE Change TITLE Dir STARK, RANDALL R NAME Stark Randall NAME STREET ADDRESS STREET ADDRESS 2590 CORAL SPRINGS DR, APT #90 2590 Coral Springs Dr CITY-ST-ZIP CITY-ST-ZIP **CORAL SPRINGS FL 33065** Coral Springs, FL 33065 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report a upplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation of t

REQUIRED

SIGNATURE AND THEED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE

954-344-5353 3-21-00

3/1/00

Daytime Phone #